

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, USC, Sec 3012(g)

PRINCIPAL PURPOSE: The Social Security Number, Home Address and Phone Number is used for Law Enforcement purposes as an additional means of identification of subjects, suspects, witnesses or complainants and registered vehicle owners.

ROUTINE USES: Your Social Security Number is a major item used in processing machine record and output sequence for Military Police Management Information Systems.

DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER AND HOME PHONE NUMBER IS VOLUNTARY: However, failure to provide this information may delay or preclude registration of a privately owned motor vehicle on the military installation.

DISCLOSURE OF YOUR HOME ADDRESS IS MANDATORY: Failure to provide this information will preclude registration of a privately owned vehicle on the military installation.

Decal Number _____

Expiration Date _____

Military Police Vehicle Registration System

Personal Information (If not applicable put NA)

SSN: _____

Last Name _____

First Name _____ MI _____

Category (Check block): Army _____ Navy _____ Marine _____ Air Force _____ DOD Civilian _____ Retired Military _____

Contractor _____ Service Family Member _____ NAF Employee _____ Other (Specify) _____

Installation Assigned _____

Organization, Unit or Company _____

Drivers License _____

Driver License Issued By- State _____

Unit Identification Code _____

Grade/Rank _____

Birth Date: _____
(mm/dd/yyyy)

Expiration Term of Service _____
(mm/dd/yyyy)

Gender _____

Height _____ (Inches)

Weight _____

Eye Color _____

Hair Color _____

Marital Status (Optional) _____

Race (Optional) _____

Home Address (Civilian employees, retirees, contractors, visitors, non-military personnel, etc)

Street _____

City _____ State _____ Zip _____

Phone _____

Organization, Unit or Company Address (If Different Than Above)

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Vehicle Information

VIN No. _____

Vehicle Year _____ Vehicle Make _____

Vehicle Model _____ Vehicle Body Style _____

Vehicle Color _____ Vehicle License State _____

Vehicle License # _____ Vehicle License Expiration Date _____

State Emissions Yes _____ No _____

(SEE REGISTRATION CLERK FOR SMOG REQUIREMENTS FOR VEHICLES NOT REGISTERED IN CALIFORNIA.)

Insurance Expiration Date _____ Insurance Company Name _____

Insurance Policy Number _____

ANY PERSON WHO, WITH INTENT, SIGNS ANY FALSE RECORD, KNOWING IT TO BE FALSE, SHALL BE SUBJECT
TO PROSECUTION BY STATE, FEDERAL, OR MILITARY AUTHORITIES.

SIGNED _____ DATE _____
(REGISTRANT)

REVIEWED BY _____ DATE _____
(VRS Representative)